VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2 HSHAL RESIDENCE (HOME) OF DECEASED

CERTIFICATE OF DEATH

County S // Comus	State County County County
City or town (If outside city or town limits, write RURAL and give nearest town)	State
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) It veteran, name war
2 (-) FULL NAME	3. (b) Social Security Number
Larsh Edna an	ducho
from the Market Market Market	MEDICAL CERTIFICATION 20. DATE OF DEATH HU. 28 198 35 30 4
Benjamin Fr. anders	I CERTIFY that death occurred on the date above stated; that I attended decreased from
6,(b) Name of husband or wife	15 January 1948, 10, 28 Lebruary 19 48
7. Birth date of 15-1917	and that I last saw h. er alive on & Lehreary 19.48
8. AGE: Years Months Days It less than one day	Immediate cause of death of Drany DURATION 5 year
40 5 13min	
9. Birthplack D. Salutung md	Due to.
110wn, county, and states	
1D. Usual occupation	Due to
11, Industry or business	_
12. Name Name 12. Nam	Olher conditions
E Cornelia Carent	(Include pregnancy within 8 months of death)
14. Martell name RD Asland Ma	Major findings of aperations
Ma Benini F. Anderia	
16. Unforman	Autopsy results PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address May 1-194	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or Johoval, Which?) Date thereo (majth) (10 y) (year)	Accident, suicide, or homicide
Cemetery orgrematory which Church Com.	Where did injury occur?
Location Mary Land	Injured at home, farm, Industry, public place (where?)
1. Fueral disenter - G. Melte R. I follows	Means of Injury tnjured at work?
Socialish, Maryland.	() O. OH Soundars.
2.6 BE 115 MM Malla 17/20	23. SIGNATURES M. D. or other
(Date rec'd by registrar) Registra	ar Address Malliche Wa Date signed tet Y



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02110

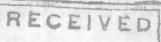
Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 20 det make	
City or fown	State County Weens
How long in above place of death? Lifetime	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
.,,	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
gulius Barelay	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m col. Single	20. DATE DE DEATH. 7-65.17 - 19.4.8 , 21.5 , 144. M
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	17 feb 18 48, 10 17 tet 19 46
7. Birth date of	end that I last saw hative on
deccased (mo., day, yr.) march 10, 1899	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cerebral accedent?
748 J	
9. Birthplace Manteioke, Wicomics, md	Due to Steppertursuse listeres reliano ?
10. Usual occupation Cypterman	
	Due to
11. industry or business	
12. Name astriciose, md.	Diher conditions
M C D of The D	(Include pregnancy within 8 months of death)
Tv. matter traite	Major findings of operations.
\$ 15. Birthplace nanticoke, md.	Date of op.
16. Informant Walter T. Barchay	Autopsy results
Address nanticoke, md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
10 / 0	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory nantinoles Cemetery	Where did injury occur?
Location gesterville, md.	Injured at home, farm, industry, public place (where?)
(Pelmerich)	Maens of Injury Injured at work?
18. Funeral director	
Address Biralve, may	23 SIGNATURE Paliced d. Samolus U.D.
48 RY olsend Walt	De Lee. Bademoler M.D. M.D. or other
19, (Date rec'6 by registrar) Registrar	Aldress Date signed & Lat 1

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE

VS A15



FEB 21 1948

CERTIFICA	ATE OF DEATH	Reg. Dist. No. 933
I: PLACE OF DEATH: County City or town (If outside city or town i mits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or hreet addless where death occurred: How long in hospital or institution?	Street No. 6/6 Sopla	Consider the Consideration of
3.(a) FULL NAME Levora C. Bette		3. (b) Social Security Number
finde White Midow	MEDICA 20. DATE OF DEATH. FLAT	L CERTIFICATION 4 19 19 11 10 10 10 10 10 10 10 10 10 10 10 10
6.(b) Name of husband or will amus Edward Sell (Sell (Sell (Sell alive, give age Sell and deceased (mo., day, yr.) March 10-1860	1.1. 20	ate above stated; that Lattenday deceases from 19. 5. 5. to
8. AGE: Years Months Days If less than one day 87 10 24	Immediate cause of death Alary July Due to My ven	LUK L DURATION
10. Usual occupation	Due to	Referens
HE 13. British Mancy Juden HE 14. Malden name Mancy Juden 15. priest Marcy 16. Delaware 16. Informant Edwin a Hestry 1.	Autopa results	
Address 17. Generation, or remain Which? Cemetery or cremators. Cemetery or cremators.	22, VIOLENCE: If death was due to exter Accident, suicide, or homicide	Date of
Joseph Jalle Malle Of Hiller	23. SIGNATURE	Injured at work?
19. (Daty rec'd by registrar) 1961 1. (Daty rec'd by registrar)	trar Address Address	Date signed

RESERVED FOR BINDING MARGIN PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible.

The correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

132

02112

CERTIFICATE OF DEATH

eg. Dist. No. 555

	Neg. Dist. No
Y. PLACE OF DEATH: County Wicomico	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Wie win
How long in above place of death? 6 months	(If outside city or town limits, wate RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 128 Davil St
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
John Barker	none
4. Sex / 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male a a widowed	20. DATE DE DEATH Jel- 9, 19.48-219 7
6.(b) Name of husband or wife Katie Booker	21. I CERTIFY that death occurred on the date above stated, that t attended decaused from
	Hall, 20, 18 48, 10 7eb 9 19 49
7. Birth date of deceased (mo., day, yr.) about 1884	and had last daw h. in alive on Feb 6, 19.4.8
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
	1 1 1
67mln.	(Alphrilla Unite
9. Birtholace assasex lea va.	Due to.
9. Birthplace Assassa (Town, county, and atate)	Due 1a
10. Usual occupation. Laliane	
11. Industry or business & ame as alwae	Due to
H 12. Name Qualangues	Other conditions Tressure Jores Surko.
13. Birthplace as a second	Other Committee and the Commit
	(Include pregnancy within 3 months of death)
14. Maiden name Cuathanau	Major findings of operations.
14. Maiden name. Clanharau. 15. Birthplace umbanau.	
16. Interment Elizabeth Janes	
	Actorsy results
Address Adefulk wa	22. VIOLENCE: If death was due to external cadses, till in the tollowing:
(Burial, cremation, or removal, Which?) Date thereof the 14 - 19 7 8 (month) (day) (year)	
(Buriai, cremation, or removal. Which?) (month) (dsy) (year)	Accident, suicide, or honoicide
Cemetery or crematory Public Comstery	Where did injury occur? (Orty or town) (County) (Spat)
Location Salsbury, Mary land	injured at home, farm, industry, public place (where?)
18. Funeral director James 7. Slewart	Meens of Injury Injured at work?
Address 402 E. Church St. Salabury Md.	23. SIGNATURE. SHADEN Serubly MP
19. (Date recht by rediginar)	Address A A A A Down Med 2 2 100 CC

FEB 24 1948

FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore

02113

CERTIFICATE OF DEATH

CERTIFICATION I	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HQME) OF DECEASED:
County Wicenus	(For newborn infanta give residence of mother)
City or fown & Oxlandra Souland	State May Gaze County Muchelle
City or fownS. Claudical City or town lines, write RURAL and give nearest town)	City or town Snow Hall
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address when reath oburred:	Street No.
Insisille divised Sorpille	(if rurai, give LOCATION)
How long in hospital or institution? 3. dany.	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Och elle Mr. Williams H.	Clayville none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 10 25
male white	20. DATE OF DEATH. Let. 29 19.48, all A. M
6.(6) Name of husband or wife la lay will mus martha	21. I CERTIFY that death occurred on the date above stated: the Lattended deceased from
7. Birth date of	and that t last saw h. Companies on Tech 28 19 48
deceased (mo., day, yr.) Amuany 17 - 18/2	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Hemorrhage into , 9 days
75 46 1 18min.	intestinal Tract 1. H.
· Birthain month ill Wascestio, mg	Due to Peptic when The
(Town, egunty, and atate)	(duodenal) 8 yrs.
10. Usual occupation Musichand	D. J.
11. Industry or business, 70 . 4 01 . M	Due to
	alvanced arteriorles -
12. Name Maryland 13. Birthplace Maryland	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name & allie Blodes 15. Birthplace Manufand	Major findings of operations.
S 15. Birthplace Manufand	Date of op.
16. Informant Martine P. Celapsille	Autopsy results.
Land Ill Todal	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Show Mill, My	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or personal, which (month) (dgs) (year)	Accident, suicide, or homicide
Christens 1	Where did Injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location Sugue Milly My	injured at home, tarm, industry, public place (where?)
18. Funeral director. Leglay 0 - Asymani	Means of Injury
Address Snike Hill, mg	avid thelesone to all
19 3/8, 10 H8, places & John	12304 Candon ave. M. D. or other
(Date rec'd by registrar) (Registrar	Address Date signey Date signey

MAR 11 1948

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1176

02114

CERTIFICATE OF DEATH

Die Die No # 77

	CERTIFICAT	Reg. Diat. No	3
City or fown	ess where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For owners of fants give residence of mother) State County City or town (If outside city or togon limits, write RURAL and give nearest to street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME Con Klin, M. 4. Sox 5. Color o		3. (b) Social Security Numb MEDICAL CERTIFICATION)er
MALE Wh	ite Single	20. DATE OF DEATH February 20th 19 48 at	620 A. W
6.(b) Namo of husband or wife 7. Birth dato of deceased (mo., day, 75) 8. AGE: Years Mon	a engli alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.48 to 20. and that I last saw h 1. Malive on 2. C. Immediate, cause of death.	
9. Birthplace	(Town, county, and state)	Due to	
10. Usual occupation 11. Industry or business 12. Name	Report of the same	Dither conditions Atoleston S. J. J. J. S. (Include pregnancy within 3 months of death)	Meye
16. Nalden nade	June mel	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Pfenae underline the cause to which death should be charged statistically and the control of the cause of the caus	tically.
17(Burial, cremation, or person Cemetery or frematory	fi. Which?) Date fhereof (month) (day) (year)	Accident, suicide, or homicide	ite)
Location Communication Control of	Maly R. Hollow	Injured at home, farm, Industry, public place (where?) Mesns of Injury Injured at work? Parallel Lup 23. SIGNATURE Alepate Real Land	
19. Date yee'd by registrar)	19 48 Harrot Registrar	Address Jolishy mf Dato signed 2	/20/4

MAR 9 1948

correct age

UNFADING INK. Supply every item of information carefully. The causes of death clearly and legib

PLAINLY, WITH UNF is especially important.

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MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02115

		CERTIFICAT	TE OF DEATH	Reg. Dist. No.	333
1. PLACE OF DEATH: County Wiesmico		2. USUAL RESIDENCE (HOME (For newborn infants give residence	e of mother)		
City or town SA	sbury	its write PHPAL and give passet topp)	State MARYLAND	County Wicomie	
City or town		City or town (If outside city or give limits, write RURAL and give nearest town) Street No. 107 32 Street			
	• • • • • • • • • • • • • • • • • • • •		2.(a) If veteran, name war	give LOCATION)	
3. (a) FULL NAM	ME Co. /			3. (b) Social Secur	rity Number
4. Sex /	5. Color or race	6.(α)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	. 50
MAK	Colored	MARRIED	20. DATE OF DEATH Jebruary	L 6# 194	8 1 6 A.M
6.(b) Name of husban 7. Birth date of deceased (mo., day		trice Conway 6.(c) If alive, give age no years	21. I CERTIFY that death occurred on the bat	e above stated; that I attended	19 48
8. AGE: Yea	mars Months	Days It less than one day	Ceclus	y astery	4 kon
9. Birthplace		ounty, and state)	Due to Cararaty a	clerasio	Levater
10. Usuat occupation	Clothes	Presser	Due Io.		
11. industry or busine	ess Same	as above			Quoun
12. Name	White	Haven Maruland	Other conditionalizabetto	Mellitu	2 / week
14. Maiden nam	. Hester -	Waters	(Include pregnancy with		
15. Birthplace	White Ja	aven Maryland		Date of op	
16. Informant	no. Bealine	Conway	PHYStCIAN: Please underline the cause t	to which death should be char	ged statistically.
Address 207	Third St.	Salebury Md	22. VIOLENCE: If death was due to externa	al causes, fill in the following;	
17. (Burial, crematic	on, or removal, Which?)	Date Ihereof (month) (day) (year)	Accident, suicide, or homicide		•••••••••••••••
Cemetery or crema	atory Green O	icres Memorial Parks	Where did injury occur?(City or to	wn) (County)	(State)
Location	Salisbury	maryland	Injured at home, farm, industry, public place	//	*******************************
1B. Funeral director.	James	4. Stewart	Means of injury	Injured at work?	70
Address 40	2 6, Chur	Ist Salisbury Md.	23. SIGNATURE LIEURA	Felmon	On. W
19,	refistar) 19 d/8	Hasset & Registrar	Address of Calle	Date sig	Feb. 6 194



FEB 23 1948

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2411 N. Charles St., Baltimore

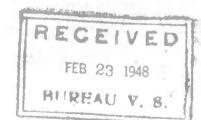
175 e

02113

CERTIFICATE OF DEATH

Reg. Dist. No. 333

County	State		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Cod mis Emma Emma	Conclude Cof 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Temple White	20. DATE OF DEATH. J.Cl. Q Nd. 19.4.8 21 M		
6.(b) Name of husband or wife William 7. 6.(c) Valive, give age 82 were 7. Birth date of	21. I CERTIFY that death occurred on the date above slated; that I attended decease from 19		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Months Days If less tylin one dayhrs	Tetanus - acuto 3 drys		
9. Birthplace (Town, coupty, and state)	Oue to Faller Alice of Trush		
10. Usual occupation	Due to		
12. Hame Deel sland med	Other conditions		
14. Maidendame amanda Amii 15. Bishpille Co O. Mad	(Include pregnancy within 3 months of death) Major fieldings of operations.		
\$ 15. Bidhpith Co. Co. Med	Date of op,		
16. Information of College Ethinger	Actorsy results. The cause to which death should be charged statistically.		
17. (Burial, cremation, or removed splich?) Date thereof (ponts) (day) (year)	22. VIOLENCE: (1 death was due to external causes, fill in the tollowing; Accident, suicide, or homicide. CL. Clark		
Cemetery or Cematory	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?)		
2 the file man 1 C. Walter P. Mrs	Injured at nome, farm, industry, busine place (where)		
Salvy md	Jakadensky hot 23. SIGNATURE Pleputy Med Egens		
19. 2 H. (Date ret of by regettrar) 1948 i Haasace De Chegistra	Address Dalishon Med Date signed 2/14/148		



Reg. Diat. No. 333

3. (b) Social Security Number

2.(a) if veteran, name war.....

CERTIFICATE OF DEATH Kicomilo

2. USUAL RESIDENCE (HOME) OF DECEASED: (For persons infant give residence of motion)
State
City or town Salustury
(If outside city or town limits, write RUPAL and give nearest town)
(If rural give LOCATION)

(If outside city or town limits, v	write RURAL and give nearest town)
How long in above place of death?	OCCURTOR A.
How long in hospitat or institution?	
3. (a) FULL NAME ani	- Elizafel
4. Sel 5. Color or race 6.0	a) Single, married, widower of divorced
6.(b) Name of husband or wife	f g. Onlars
7. Birth date of deceased (mo., day, yr.)	19-1866
8. AGE: Years Months D.	ays If less than one dayhrsmin
9. Britishate County Town, county 10. Usual occupation	, and state)
11. industry or business	france
12. Name 1 12. Name 1 13. Mry phace 2 11111111111111111111111111111111111	J. G. JA
14. Maiden name	Epse FC Sad
16. Informan	3. Oulain
Address alway	ate thereof Ful 8-48
(Burial, cremation, or removal, Which?) Completery or crematory	(month) (day) (year)
Location C.	Welter P This
19. Pineral director	

MEDICAL CE	RTIFICATION 242
2D. DATE OF DEATH.	1548-43.
TUERTIFY that death occurred on the date abov	e stated; that I attended deceased from
teh 4 194	8 to FeB 6 18
nd that t last saw h ep alive on 1	FeB 4 19.
mmediate cruse of death	DURAT
1 1 .	4
Timerolyed Carcin	xmalous
ve to	
Carcuma I	Longes
a to	
ue to	•••••
ther conditions	

PHYStCIAN: Please underline the cause to which death should be charged statistically.

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22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide..... Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?)

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FEB 24 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

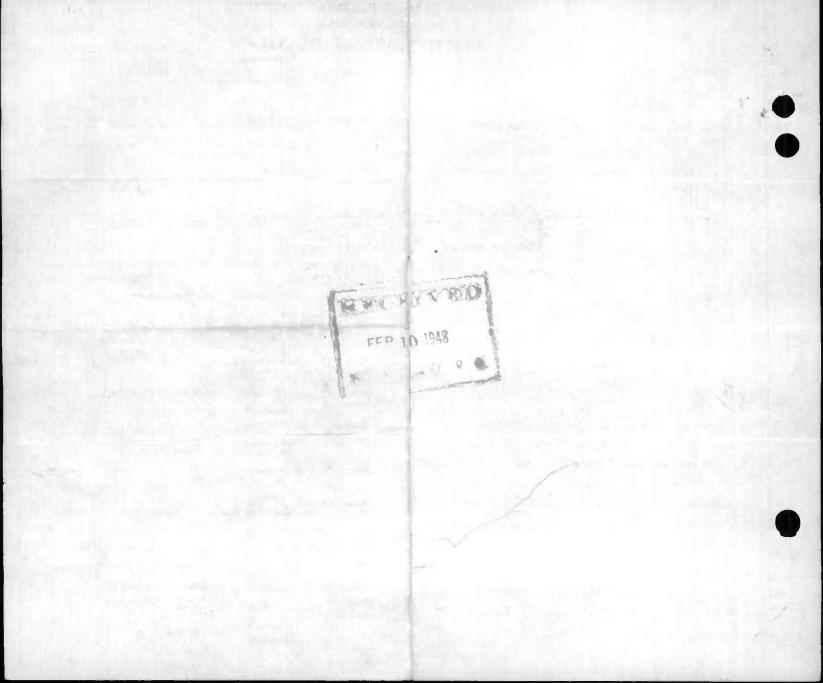
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02119

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For powhorn infants give residence of mother)
County Mathymed	State Manyland County Miles
City or town	City or town Delman
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Street No.
Cast Street	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Vistor Roland Du	'nn
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Malo Islite Varaced	20. DATE DE DEATH. 7. 6 19.48 at 3.4. M
7	/
Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that lattended deceased from
7	117 10 TEGO 1178
7. Birth date of	and that plast saw h alive on the same
deceased (mo., day, yr.) Oct 29, 1883	Immediate cause of death
8. AGE: Years Months Days If less than one day	Coreland ambolus left 3 hours
64 3 7hrsmin.	
111 . 10 4 0 1	
9. Birthplace	Due to Tryperfers Ve Meant Me. 5 years
10. Usual occupation.	· Due to Sentral Supersense 6-8400 3
11. Industry or business	
	Dither conditions
10.0	PURE CONTRICTORS
El 13. Birthplace	(Include pregnancy within 3 months of death)
# 14. Malden name Caball & Colline	
15. Birthplace Sauch Delsense	Major findings of operations
≥ 15. Birthplace	
16. Informant Work College	Autopey results
9-11 100011110	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Saline, Kuldure	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Church Carlotte Date thereof 2 (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removat, Which:) (month) (day) (year)	
Cemetery or erematory And Other And And Andrews	Where did injury occur?
Location Leelman Leel	Injured at home farm, Industry, public place (where?)
On & Chia. D (2)	Means of Injury Injured at work?
18. Funeral director	1110 1110
Address Joelman Lela	X/1/2541/2 110
91 04 11 641	23 SIGNATURE
Illo. 9 DL 1948 Harry G. Hudson	
(Date ree'd by registrar) Registrar	Address Daic signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

>	Kog: Ditt. Horning
County (If outside city or town limits, write RURAL and give nearest town)	2. USUALIRESIDENCE (HOME) OF DECEASED. (For the born in ants give residence of mother) State
How long in above place of death?	City or town
180.72	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(α) If veteran, name war
3. (a) FULL NAME Columbus M. D	3. (b) Social Security Number
Male White Marie of Marie of	MEDICAL CERTIFICATION 20. DATE OF DEATH FLOW 22 1948 at 9850
6.(b) Name of husband or wife 6.(c) lighty, give ge 63 ye	
7. Birth date of deceased (mo., day, yr.) March 30 4 1873	Immediate has old death DURATION
8. AGE: Years Months Days If less than one day	
9. Birthpiace	Due to Commy artigasachoso sign
1D. Usual occupation	Due to
11. Industry or Justines Jerry Oyker 12. Name Jerry Oyker 13. Sytholas Victorics JC: manylas	other conditions
14. Maiden name Matilda Mark 15. Richnia Al Comal Co. Zujuna	(Include pregnancy within 3 months of death) Major findings of operations.
E 15. 8irthplate Contract Co. Jacquist Co.	Date of op.
16. Informant	Autopsy resolts
17 Buil Date thereof #124-4	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year) Cemeter or crematory	Where did injury occur?
and the same of th	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral disector. May and,	Sakadensker hull -
19. 2 / V24, 1948. Asagaid to he Registra	rar Address Date signed 3/23/3

PLAINLY, WITH UNFADING INK. Supply every item of information is especially important. Physicians: please write the causes of death cle

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WITH—CNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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VS

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02121

CERTIFICA	TE OF DEATH Reg. Dist. No. 3.33
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State County
3. (a) FULL NAME EATON MR. William H.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH JE GUARY 12 19 48 , at 6 7.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 18
9. Birthplace	Due to
12. Name	Dither conditions.
14. Maiden name Zenhouse 15. Birthplace 16. Informal M. Adam & Ristness	(Include pregnancy within 3 months of death) Major findings of operations
Address President Date thereof (Burial, cremation, or registral, Wysolf) Address Date thereof (Burial, Component) (Burial, cremation, or registral, Wysolf)	22. VIOLENCE: If death was due to external causes, fill in the following; Scident, suicide, or homicide
Cemetery or cremon fall of full Baptiers (es	Where did Injury occur?
18. Funeral director Accordance Control Contro	23. SIGNATURE Mavid & ilwore & A
19. (Date rec'd by registrar) 19 48 (Care La Chegistra	Address 504 Cambra Date signed #12, 194

FEB 28 1948

2411 N. Charles St., Baltimore

02122

Date signed la fel 48

CERTIFICAT	TE OF DEATH Rog. Dist. No. 337
County County City or town limits, write RURAL and give nearest town) Outside city or town limits, write RURAL and give nearest town) Outside city or town limits, write RURAL and give nearest town) Outside city or town limits, write RURAL and give nearest town) Outside city or town limits, write RURAL and give nearest town) Outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war.
Gertrude Wallace Ev	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced	MEDICAL CERTIFICATION
7 Widowed	20. DATE DF DEATH TELLS H 19.48 21 4 P.
8.(b) Name of husband or wife Seorge Evans S. (c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 15 NOPCLEL ON 19 17 10 11 per culture 19 19 19 19 19 19 19 19 19 19 19 19 19
deceased (mo., day. yr.) Cipril 20 - 1862	Immediate cause of death
8. AGE: Years Months Days If less than one day 9 15	Heart failure
9. Birthplace mt. Verner Somerset, md (Town, county/and state)	· Due to Certano scelerate Heart 10 years
11. Industry or business	008 10
12. Name John W. Oaden	Other conditions
14. Malden name. Charlette Murray	(Include pregnancy within 3 months of death) Major findings of operations.
2 15. Birthplace mt. Vernow, md. 16. Informant. Ethel Evains	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address gisterville, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?) Date thereof (monyh) (day) (trar)	Accident, suicide, or homicide
Cemetery or crematory Oak Trove Clyselling	Where did injury occur?
Location Jesterville, md	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director. Q	mostio VI injerij

23. SIGNATURE

Registrar Address....

NFADING INK. Supply every item of information carefully. The nt. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING SE WRITE PLAINLY, WITH UNF is especially important. PIE

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Address



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02123

Reg. Dist. No. 33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Wiconico	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? Lifetime	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address who death occurred:	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME • O O A	3. (b) Social Security Number
anne de Tales	J. (V) Buttar Betury Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I col widowed	2-1-9
1	20. DATE OF DEATH TOLT 19.49 at 6:40PM
6.(b) Hame of husband or wife Asaac Sales	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	15 N. 07. 19 48, 10 9 Let 19 48
deceased (mo., day, yr.) June 5, 1874	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
7/8/4hrsmin.	(crelabe) recruboro 4 duyo.
Q - ties West David me	a trianglement & Offens
9. Birthplace (Town, county, and state)	Bus to Chileus scaleresis Similafors.
10. Usual occupation 24 versales de	
11. Industry or business	Oue to
	Other conditions
1 0 1	(Include pregnancy within 3 months of death)
= 14. Maiden name mary Warninght	Major findings of operations.
\$ 15. Birthplace Qualities, md.	Date of op.
16. Informant anie Washield	Autopsy results.
A A	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Address Buanlico, Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Oate thereof (month) (day (year)	Accident, aulcide, or homicide
	Where did injury occur? (City or town) (County) (State)
Cemetory or crematory	
Location Liga State Many XX	Injured at home, farm, Industry, public place (where?)
18. Funeral director, Co. J. Messicks	Means of Injury Injured at work?
Address Bijalve, md.	(1) 0 011 5 0 10
AUGUSTON AND AND AND AND AND AND AND AND AND AN	23. SIGNATURE M. D. or other
19. Tet 12 19.48 M. Montfaul Vielle (Date rec'd by registrar) Registrar	100 11111
(Date red by registrar) Registrar	Address Date signed



FEB 21 1948

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

02124

CERTIFICAT	TE OF DEATH Reg. Diat. No. 4336
1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County William Ca	
City or town hall that as the difference of the country of the city or town limits, write RURAL and give nearest town)	State Md county Westermiles
How long in above place of death? Lunding wille wa	(If outside city or town limits, write RURAL and give nearest town)
Hospital, instillution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Nancy a Gardy	no
4. Sex 5. Color or 1256 6.(a) Single, married, Aldowed, or divorced	MEDICAL CERTIFICATION
Secrete and Musclasse	20. DATE OF DEATH 76 6- 20, 19 48 at 1 17 M
The state of the s	21. I CERIFY that death accurred on the date above stated, that Latended deathsed from
(6.(b) Name of husband or wife	726-64 19.78 to Jeb. 208 48
Last (5.(c) If allve, give age years	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
7. Birth date of deceased (mo., day, yr.) alreadt 1873	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
about 75 min.	(h. d. a. Clallera 3 de
9. Birthplace	Due to.
10. Usual occupation to faring heafing	
11. Industry or business Same as Taleane	Due to Helper Que to
	11 nobleto VHL
12. Name Un tanaman	Other conditions.
Z 13. Birtholace an fanous	(Include pregnancy Within 3 months of death)
E 14. Malden name Clashanau	Major findings us aperatiups
14. Malden name Uname 11. St. Birthpiaca Uname 11.	Date of op.
16. Informant Standard Gardy	Autopsy results.
10.0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address hellman, macy	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date ihereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory anian	Where did injury occur?
cemetery or crematory Cocana	
Location Willman	Injured at home, farm, Industry, public place (where?)
18. Funeral director amea & Blewast	Means of Injury Injured at work?
Marss Saleshoon and	Isto he ma
71	23. SIGNATURE
(Date ree'd by registrar)	Address Salishing Med Vate signed 21 25/4
(Date ree a by agricular)	Average and the state of the same and the sa

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02120

ERTIFICATE	OF	DEATH	

CERTIFICAT	TE OF DEATH Reg. Dist. No. 3.33
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State County V Life County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Proy.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, mirried, widowed, or divorced level color.	MEDICAL CERTIFICATION 20. DATE OF DEATH. Seb. 20 1948 218 H.
6.(6) Name of husband or wite	21. I CERTIFY, that does no occurred on the date above stated: Ihat I attended deceased from 19. 4 19. 4 21. I CERTIFY, that does no control of the date above stated: Ihat I attended deceased from the date above stated: Ihat I attended deceased from the date above stated: Ihat I attended deceased from the date above stated: Ihat I attended deceased from the date above stated: Ihat I attended deceased from the date above stated: Ihat I attended deceased from the date above stated: Ihat I attended deceased from the date above stated: Ihat I attended deceased from the date above stated: Ihat I attended deceased from the date above stated: Ihat I attended deceased from the date above stated: Ihat I attended deceased from the date above stated: Ihat I attended deceased from the date above stated: Ihat I attended deceased from the date above stated: Ihat I attended deceased from the date above stated: Ihat I attended deceased from the date above stated: Ihat I attended deceased from the date above stated: Ihat I attended deceased from the date above stated from the date above sta
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Alcute My ocartelis Sudden Due 10.
1D. Usual occupation	Due to
12. Name Centrous 13. 8irthplace Centrous Chillians	Other conditions
14. Malden name. Omil Collisions 15. Birthplace untracer	Major findings of operations. Date of op.
Address Dalesbury	Actopsy resolts. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Location Chance And	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?
18. Funeral director, askery on teess Address Salisleury mil	23. SIGNATURE SIGNATURE M. D. Or other
(Date ec'd by registrar)	Address Salveling to Date signed 4 2 14

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and is especially important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

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FEB 26 1948

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PLACE OF DEATH;

How long In above place of death?

3. (a) FULL NAME

7. Birth date of

8. AGE:

deceased (mo., day, yr.)

1D. Usual occupation

13. Birthplace 14. Maiden name 15. Birthplace

18. Funeral direct

(Date rec'd by registrar)

Years

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Hospital, Institution, or street address where death

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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M. D. or other

CERTIFICATE OF DEATH

If less than one day

Registrar

1876

Months

mak. 10a	Sounty Samuel	it
itale	County	ary:
City or town	limits, write RURAL and give r	earest town)
Street No.		, , , , , , , , , , , , , , , , , , , ,
	l, give LOCATION)	
2.(a) If veteran, name war		V
	3. (b) Social Securit	y Number
	L CERTIFICATION	
D. DATE OF DEATH	2 19.4.8	- 11 6 59
1. I CERTIFY that death occurred on the d	late above stated; that I attended de	eceased from
	19.7	
no that I last saw h./Malive on	Pelmy 7	19. 4
mmediate cause of death		DURATION
Pulamaz Edem		24 h
ue to unin .		3day
ue to Benning Prototi	Sypatoply	3
ther conditions		*****
(Include pregnancy wi	thin 3 months of death)	
lajor findiage of operations. Ban	in Protiti Hyper	ليجلي ٠
	Date ot op. 2	W. 2, 199
latopsy results		
HYSICIAN: Ptease underline the cause	e to which death should be charge	ed statistically.
2. VIOLENCE: If death was due to exte	rnal causes, till in the following;	
ccident, sulcide, or homicide	Date of	
Where did injury occur?(City or		(State)
njured at home, farm, Industry, public pi	ace (where?)	••••••
Asans of Injury	Injured at work?	

VS

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170C

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Reg. Diat. No. 253

County Milamila	(For newborn infants give residence of mother)
	State A lue gersey county
(if outside city or town limits, write RURAL and give nearest town)	City or town Mentank A. E.
How long in above place of death?	(If outside city or town limits, write RUTAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Helnry & John son	
4. Sex 5. Color or race 8,4 Single, married, widowed, or divorced	MEDICAL CERTIFICATION
22200 000	20. DATE OF DEATH Webning 26th 148 1930 A
will the	
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Me Nont Anaue Work Anaue years	19 19 19
7. Birth date of deceased (mo., day, yr.) / LO et 9 /9 60	and the state of passes to the first
8. AGE: Years Months Days If less than one day	Immediain cause of death OURATION
	Spracture of Comment Variation Dance
37 2 17hrsmin.	
9. Birthpiace Statomie, ala:	Due to audiction
10. Usual occupation Melharde	
	Due 10
11. Industry or business same as above	***************************************
12. Name Jal Jahrson & C.	Other conditions
3 13. Birtholde Dadinaton S.C.	
	(Include pregnancy within 3 months of death)
	Major findings of operations.
2 15. Birtholace Marilana atlanda	
16. informant De Jahran	Autopsy results
Address Sladonde ala'	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burld), cremation, or removal, Which?) Date thereof May (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory County Lene	Where did Injury occur? City or town) (County) (State)
Ro A A O-	Injured al home, farm, industry, public place (where?)
Location Statumber 1	Means of injury actions bell accidental work? 1200
18. Funeral director familal y falluat	Means of ministration of the second marks
Address / Sale Sure And	en or the secon
N Lake	23. SIGNATURE
19. (Date red by registrar)	Address Dethickery State signed 727, 48
(Date 1 d b) 1 c listiat	The Musicos and the state of th

MAR 11 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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02130

Que Date signed 2-20-48

CERTIFICATE OF DEATH

Reg. Dist. No.333

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Jones Edward W.	no
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male a a widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 3 19 48 19
6.(b) Name of husband or wife Sauras Jones deceased 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) 1897	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48., to Feb. 20. 19. 48. and that I last saw h. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
8. AGE: Years Months Days It less than one day	Immediate cause of death. DURATION 3 Meso
9. Birthplace Chance Some set Co Maryland (Town, county, and state) 10. Usual occupation Laborer	Due to Mesandiles ? Due to 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
11. Industry or business Same 12. Name Mitchele Jones 13. Birthplace Chance Somerset Co. Maryland	Other conditions.
E 14. Maiden name Milky Beckett	(Include pregnancy within 8 months of death) Major fiadiags of operations.
15. Informant Mrs. Ella Nutter	Autopsy results
Address Maryland 17. Burial Date thereof 2 - 23 - 48 (Burial, cremation, or removal, Which?) Cemetery or crematory Nantucohen Consterns	22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Mantreoke Maryland 18. Funeral director James F. Stewart	Injured at home, farm, industry, public place (where?) Msans of injury Injured at work?
Address 4-02 E. Church St. Salisbury Md.	23. SIGNATURE M. D. GT other

Registrar Address 2-3

FEB 26 1948

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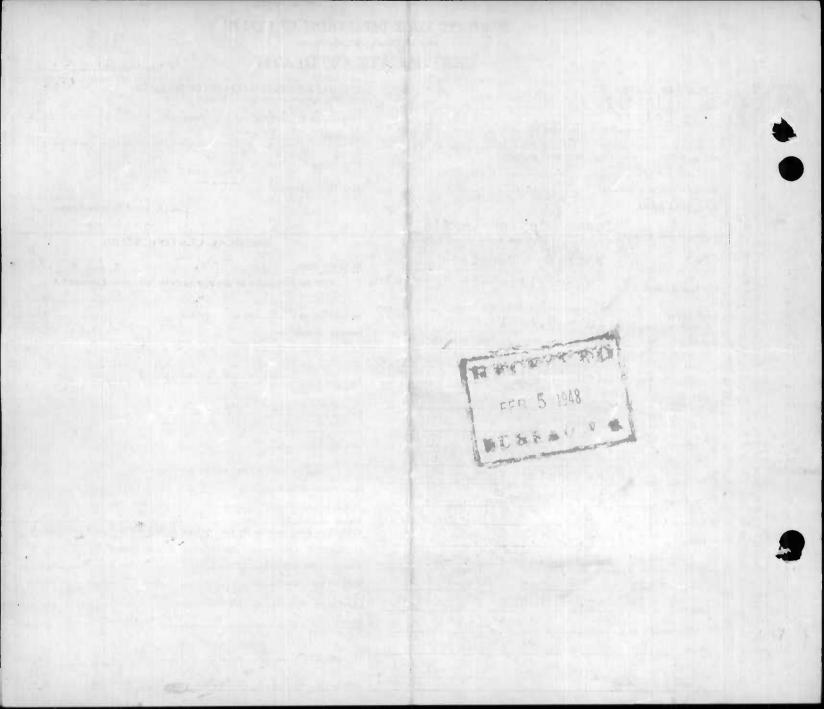
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DE	ATH: omico		2. USUAL RESIDENCE (HOME) O	F DECEASED: mother)
Del	mar		state Maryland co	unty Wicomico
		s, write RURAL and give nearest town)	City or lows Delmar (If outside city or town limit	
How long in above place	of death?	years		s, write RURAL and give nearest town)
RFD :	# 3		Street No. RFD # 3	e LOCATION)
	1 .10 .0 4	•••••••••••••••••	2.(a) It veteran, name war.	
	r Institution?		2.(U) It veceran, name war	
3. (a) FULL NAM				3. (b) Social Security Number
		layton Layfield		
4. Sex	5. Color or race	B.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Male	Ehite	Married	20. DATE OF DEATH	. 1 48, at 8.30
B.(b) Nams of husband	or wite Mary	Elizabeth Layfield	21. I CERTIFY that death occurred on the dats at	
		6.(c) It alive, give age 62 years		16 7 10 Male 1 18 4
7. Sirlh date of	July 5	1881		184
deceased (mo., day,		Days It less than one day	Immediate cause of death Acuta	DURATION DURATION
8. AGE: Year		7-6	Din to carchae	tarker Lalage
		mrs		06
9. BirthplaceW	icomico Co	unty unty, and state)	Due to France Plager	23
	Farmer		Day of	
10. Usual occupation.	L MI MOT		Due to Jela Jany	2 zm.
11. Industry or busine	ss Farm		0	
H 12. Name J	as. Robert	Layrield	Dther conditions	
12. NameJ	Wicomico	County, Md.		
	Mary Hes	ter Kelley	(Include pregnancy within 8	
LOW 45 Bletheless		o County, Md.	The state of the s	
	-10	0008.0.01		
1	any Elsa	full day full	Antopsy results	which death should be charged statistically.
Address	Delmar, De	1. RF 1 /# 3	22. VIOLENCE: If death was due to external ca	
y Buri	97	Date thereot. 2-2-48 (month) (day) (year)	Accident, suicide, or homicide	
	al'n, or removal, Which?)		I I	
		tes	Where did injury occur?(City or town)	(County) (State)
Location	Delmar, De	1 RFD	injured at home, farm, industry, public place (where?)
	11/	man (C)	Means of Injury	Injured at work?
19. Funeral director.	11000	7/2	11	· A 0
Address	Julma	y Duly	23. SIGNATURE	Toner
7.1	3. 168-	Harry & Hudson	23. SIGNATURE	M. D. or other
(Date ree'd by r	egistrar)	Registrar	Address Jackmon Ja	Date signed From 7/2



VS AJ5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Diat. No
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Mulatonial City or town City or town limits write RURAL and Rive nearest town) Street No. (If rural, give LOGATION) 2.(a) If veteran, name war.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number 078-22-7596 MEDICAL CERTIFICATION
male a.a. flont know	20. DATE DF DEATH. 2 - 2 8 19 48 21 7 5 N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. and that I last saw h and alive on 19. Immediate cause of death DURATION 15. 15. 15. 15. 15. 15. 15. 15
9. Birthplace (Town, county, and state) 1D. Usual occupation Aaloue	Sue to
11. Industry or business Same as alrows 12. Name Clark	Dither conditions (Include pregnancy within 3 months of death)
14. Malden name Charles and 15. Birthplace June Page 16.	Major findings of uperations.
16. Informant of fulfishers Back Lay Address Saliality Date thereof May (gear) 17. Bull of the lay Bate thereof May (month) (day) (year) Cemetery or crematory bull of the lay of the lay (month) (day) (year) 18. Funeral director and all of the lay of	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill by the following: Accident, suicide, or homicide. Whers did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Parademetry Injured at work? Parademetry Signature Signature Signature Signature Autopsy results. Date of op. County) (State) Injured at work? Parademetry Signature Signat
19. 9 /8 19 18 Kagaiel Lophie	Address Aulishury Mal Date signed 2/28/41

MAR 16 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

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Oate signed 2-17-48.

CERTIFICA	TE OF DEATH Reg. Dist. No. 3.3.3
1. PLACE OF DEATH County City or town	2. USUAL RESIDENCE (HOME) OF DECLASED: (For newhorn infants give residence of mother) State
3. (a) FULL NAME Le Levis	3. (b) Social Security Number
5. Color or ce 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 71252
8. (b) Name of husband or wife	and that I last saw h Alive on
12. Name lower deurs 13. Birthplace lafting Md	Other conditions (Include pregnancy within 3 months of death)
15. Birthpiace Deal Island Md 16. Informant. Add St. J. Pine H. Laling St.	Major findings of operations
17 (Burial, cremation, or remove things?) Cemetery or remaiory (22 VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Location aliver Md	(City or town) (County) (State) Injured at home, tarm, industry, public place (where?)

23. SIGNATURE

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and WRITE PLAINLY, is especially PLEASE A15 AS

MARGIN RESERVED FOR BINDING

FEB 26 1948

BUREAU V. 8.

1. PLACE OF DEATH:

How long in hospital or institution?.

(Date rec'd by registrar)

3. (a) FULL NAME

Hospital, Institution, or street address where death occurred:

WRITE

MARYLAND STA	TE DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

CERTIFICA

1060

rity Number 18 9:50 P. (Include pregnancy within 3 months of death) Major findiags of operations..... PHYStCIAN: Please underline the cause to which death should be charged statistically. 22, VIOLENCE: tf death was due to external causes, fill in the following;

TE OF DEATH	Reg. Diat. No
2. USUAL RESIDENCE (HO	
state Maryland	County Will
City or town (If outside city of a	ow Units, write RURAL and giv
Street No. System (If r	ural, give LOCATION)
2.(a) if veteran, name war	<i>V</i>
man	3. (b) Social Secu
MEDIC 20. DATE OF DEATH.	CAL CERTIFICATION WALLY 4 19 7

7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months It less than ooe day 10. Usual occupation. t1. Industry or busi 1B. Funeral directo

Where did Injury occur?(City or town)

(County)

Injured at home, farm, Industry, public place (where?) Maans of Injury

Accident, suicide, or homicide.....

M. D. or other

23. SIGNATURE

Address

Date signed.....

Injured at work?

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BUREAU V. S.

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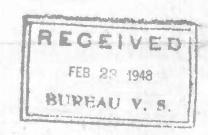
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02135

1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Hicamica	State	
City or town		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 603 & Callege auc.	
Feninsula General Staspital	(It rural, give LPCATION)	
How long in hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Maier , Soly Sire #1		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female W	2D. DATE OF DEATH Sebruary 4 19.48 at 830 Am	
m (b) the season of the board of miles	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband or wife	19 December 19 47, 10 4 Feb. 19 48	
T. Birth date of A A A A A A A A A A A A A A A A A A	and that I last saw h.e.t. alive on 3 Feb. 19 48	
deceased (mo., day, yr.) Role. 19-1997	Immediate cause of death	
8. AGE: Years Months Days If less than ooe day	Congenital heart detect Imo. 15da	
9. Birthplace 2. Nown, county, and state)	Due to	
1B. Usual occupation	Due to	
11. Industry or business		
12. Name 12 13. Birthplace Filhelane , Pa	Other conditions Preumonitis bilateral one week Prematurity. Inco. 152	
E 13. Birtapiaco	(Include pregnancy within 8 months of death)	
14. Maiden name	Major findings of operations. MOND	
E 15. Birthplace / Muhalu /4,	Date of op.	
16. Informant , O Lay H. Marco p. p.	Autopsy results as about.	
Addre 603, E. College are Salus	PHYSICIAN: Place nuderline the cause to which death should he charged statistically.	
17. Buriel, eremation, or removal, Which? Date thereot. File 5-48 (month) (day) (year)	Applicant, suicide, or homicide	
Cemetery or Cematory / Come Comme Par	Where did Injury occur? (City or town) (County) (State)	
location alice and	Injured at home, tarm, Industry, public place (where?)	
Pott Clang /o G. Wille R. H	reans of Injury Injured at work?	
malisty ma	acextus M.D.	
19 5 6 19 A 8 Hagas Jak Onto	23. SIGNATURE M. D. or other Address Dalesling 1 Nd. Date signed 5 Feb. 48	



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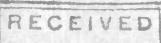
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

021	3,7
eg. Dist. No	3-37

1. PLACE OF DEATH:	Z. USUAL RESIDENCE (HOME) OF DECEASED:
County WICOMICO	(For newborn infants give residence of mother) State MARY/ANO. County WICOHICO
City or town	
How long in above place of death? SINCE BIRTH	City or town
Mospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Robert Eugene Mc Dowell	
4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. C. Single	20. DATE OF DEATH 15 Telesaus 19 48 at 3 - 19. M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date shove stated; that Lattended deceased from
	14 Tebruary 1948, 10 15 Felicians 48
7. Birth date of	and that I last saw h. Leck, alive on 15 Zet 48.
deceased (mo., day, yr.) 8 A.G.F.: Years Months Days If less than one day	Immediate cause of deaths DURATION
11	Lobas Tuennomia Kt. 14/pe
hrsmin.	uespecificil 24hours
9. Birthplace SA/ISBURY MARY PNO	Due to.
10. Usual occupation	
11. Industry or business	Due to
12. Name Robert Mc Dowell 13. Birthplace UNDNOWN	Other conditions
Z 13. Birthplace UNDNOWN	
14. Maiden name MARY DAShields	(Include pregnancy within 8 months of death) Major findings of operations.
\$ 15. Birthpiaco R.F.D. Quantico	Bate of op.
Que a Dachiela (siche sullan	Autoney results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address R.F. D. QUANTICO	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof StebRungey 48 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Herd at Creek. Church.	
	Where did injury occur?
Location R.F.D. QUANTICO	Injured at home, farm, industry, public place (where?)
18. Funeral director. FRMILY	Means of injury injured at work?
Address	(V) 0 04/2 1
7, 100/ 20/ 20	23. SIGRATURE M. D. or other
19. The State rec'd by registrar 1849 Registrar Registrar	Address hantrope led Bate eigned 15 Tely8



FEB 21 1948

PI'REAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

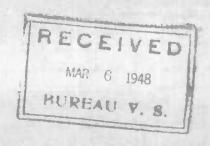
2411 N. Charles St., Baltimore

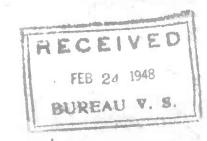
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CERTIFICATE OF DEATH

()2138 Reg. Dist. No. 33)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	1
County 20 et a 1	State A . County Wecom	ica
City or town (If outside city or town limits, write RURAL and give nearest town)	2000	
How long In above piace of death? Telethie	(If outside city or town limits, write RURAL and givo uear	est town)
Hospital, Institution, or street address where death occurred:	Street Mo.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
How long in hospital or institution?	(If rural, givo LOCATION)	
3. (a) FULL NAME		
Warrel Walter Me	3. (b) Social Security M	tumber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
m W Wedower	20. DATE DF BEATH 7-b. 19 19	9:20A
B.(6) Name of husband or wife Euco B. Messich	21. I CERTIFY that death occurred on the date above stated; that I attended deceased the state of the state o	100
7. Birth date of	ars / .co	19
deceased (mo., day, yr.) 8 A.G.E. Years Months Days 11 less than one day	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day 24hrs.	in. Useucà	4 days.
9. Birthplace Mantecolor Wesomes M. (Town, county, and state)	Due to Pres Talesus	5 years,
		0
	Due to	***************************************
11. Industry or business		*****************
	Dther conditions	***************************************
13. Birthpiace Denticopse, Md.	(Include pregnancy within 3 months of death)	
14. Maiden name Reta Woring	Major findings of operations	
\$ 15. Birthplace Dehitions, ma	Date of op	
16. Informant	Antopsy results	statistically.
Address Ode A obothy Wel.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Date thereof (monyh) (day) (rgar)	Accident, suicide, or homicide	
D. D. C. T. Jan Post of to		
Cametery or crematory	(Silly Sill Sollin)	(State)
Location Clara, Maragana	Injured at home, farm, Industry, public place (where?)	*******
18. Funeral director 6. 4 mesteck	Meens of injury Injured at work?	
Address Busher, md.	23. SIONATURE & Claud H. BARRIS	lus and
19. (Date rec'd by registrar) (Date rec'd by registrar)	test M. D. of	or other





MARGIN RESERVED FOR BINDING

Or. Rademak MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

or. Diat. No. 333

CERTIFICA	Reg. Diat. No 3.3	3
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Formy by infalts give residence of mother) State County City or lown Groutside city fown limits write RURAL and give neareat in the state of t	(G town)
3. (a) FULL NAME Linet Clayton 4. Sex 5. Edior or fisce 6. (a) Single, married, widowyd, or divorced	Mussick 3. (b) Social Security Num	ber
Male White Bright 6.(6) Name of husband or wife	20. DATE OF DEATH	rom
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last sowe of death	DURATION
9. Birthplace (Tow), coasty, and state	Due to.	Death
10. Usual occupation	Due fo	
14. Malden name. Physical Fugg. 15. Birthplace Karlenda G. Mad	(Include pregnancy within 3 months of death) Major fiediogs of operations Date of op.	
16. Information Colora Campbelle Martel 2, First et Lalyly Med,	Actopsy resolts. PHYSICIAN: Please onderline the cause to which death should be charged statist 22. VIOLENCE: If death was due to external causes, fill in the following:	
(month) stay) (organical Cometery of Fremance Which 2) (month) stay) (organical Cometery of Fremance 2)	Accident, suicide, or homicide	ate)
18. Funoral first of med.	Mons of injury Injured at work?	2
19. 22. 9 19. 19. 19. 18. Haniel J. Phones. Registra	23. SIGNATURE M. D. or oth Address Adls Bury M. D. ale signed 3/	19/48

FEB 24 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

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(1214 Reg. Dist. No. 343 3

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Sicosiuco	Mariland To marter
City or town(If ontside city or town limits, write RURAL and give nearest town)	State County County County
How long In above place of death? 5 days	(If outside city or town limits, write RURAL and giv) nearest come)
Hospital, Institution, or street address where death occurred:	Street No.
Semmenla General Hospita	(If roral, give LOCATION)
How long in hospital or institution? 5 days	2.(a) If voteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Waldo J. M.	eler -
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white single	20, DATE OF DEATH 2-28-48 19.4.8 at 13 2 M
	21. I CERTIFY that death occurred on the date above atated; that I attended decaaged from
6.(b) Name of husband or wife	2-20 1948, 10 2-28 1948
7. 8 irth date of deceased (mo., day, yr.) Spril 28-1874	
8. AGE: Years Months Days If less than one day	Immediate cause of death
73 10 0hrsmin.	The American land
TO O Y = 1	Gulle Card ar failes
8. Birthplace Thank Tocomet a Somuse Man (Town, county, and state)	Que to
(10wn, county, and state)	Clima arteris curotic
10. Usual occupation.	Que to heart dinase
11. Industry or business	
12 Name Theodore of Miller	Other conditions
12. Name heodore of Miller 13. Birthplace	
	(Include pregnancy within 3 months of death)
E 14. Malden name	Major Godingo of operationed Character Can Luroscher Rice
14. Malden name Assarada (asseptical) 15. Birthplace	treat demand - Detroise.
18. information Theodore & Miller	Autopsy results.
D of the said	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address focomobile uly Ma,	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Busial cramation or annual Which?) Bate thereof March (month) (day) (year)	Accident, suicido, or homicide
Variation of Contra	
Cemetery or crematory	(city of county
Location Consthe MA	Injured at home, farm, Industry, public place (where?)
Shenne Held stan	Meana of Injury Injured at work?
18. Funeral director	Do Y
Address acomobile ma.	22 SIGNATURE Flight & Vensly
2/1 No Le 10 100/	M. D. or other
(Date reo'd by registrar)	Address tales M. Date signed 2 - 27 - 48

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

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MAR 11 1948

BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: County LACGMICO	2. USUAL RESIDENCE (HOME) OF DECEASED: Williams (For any whorn infants give residence of mother)	
City or town(If outside city or town limits, write RURAL and give nearest town)	State County Cou	
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)	
nospital, institution, of sitest address what acam occurre.	Streel No	
Now long in hospital or institution?	2.(a) It veteran, name war	
3.(a) FULL NAME Andre	3. (b) Social Security Number	
4. Sey 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Flemale certite residenced	20. DATE OF DEATH. Fish 15] 19 48 21 10 P.	
6,(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
7. Birth date of 16 4	and that I last saw here alive on File 5 2 19 4 8	
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION	
84 DOhrs		
9. Birlhotace Laurel, Sussex, Melawar	e Due lo . A marales de	
(fown, county, and start)	arterial selumer	
10. Usual occupation.	Due to	
11. Industry or business		
12. Name Mathew & Revision 13. Birthplaco Laurel Kelaure	Dither conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Elizabeth Benson 15. Birthplace Laufel Lelawore	Major findings of operations.	
= 15. Birthplace Lauget Melawore	Date of op.	
16. Informant Mrs 7 ronk Malone	Autopsy results	
Address Clep Ma.	22. VIOLENCE: It death was due to external causes, titl in the tollowing;	
(Buris) complion or removal Which?) Bate thereot 2. (month) (day) (year)	Accident, suicide, or homicide	
(Burial, cremation, or removal, Which?) Cemetery or cramatory Stades Helington	Where did injury occur?	
10 ades Cometer dill	Injured al home, tarm, Industry, public place (where?)	
Location De La Nashella	Means of Injury injured at work?	
18. Funeral director. One of the state of th	" In one o	
Address Trinces Cerney My.	23. SIGNATURE THE W. D. OF THE M. D. D. D. OF THE M. D.	
19. 20/16, 1948, Rasacett Johns	M. D. Special State of the stat	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legical MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02143

CERTIFICA	ATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH VI Comil	2. USUAL PESIDENCE (HOME) OF (For no trops in fants give residence of n	DECEASED:
(If outside city or town mits, write RURAL and give nearest town)	State Sales	in the second
How long in above place of death?	Strelie No. Alf outside city or town limits,	Maylor it.
How long to hospital or institution?	2.(a) If veteran, name war	<u> </u>
3. (a) FULL NAME Lillie May Ou	then	3. (b) Social Security Number
4. Ser 5. Orbor or race 6.(q) Single married, widowed, or divorced	MEDICAL CE	RTHUCATION 1948 104
8.(b) Name of husband or wife. a Guller S.(c) It alive give age	21. I CERTIFY that death occurred on the late above	e slated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) OLC s 21- 8 1 9 8. AGE: Years Months Days It less than one day	and that I last saw alive on alive on	DURATION DURATION
68 1 2/hrs. gm	iin.	death
9. Birthplace	Due 10	1
11. Industry or hugings at Itme	Due 10	
12. Name. Herry Carrille Ma	Other conditions	
14. Malden flammallie Huden 15. Birthplace 2000 This md,	(Include pregnancy within 3 m	ionths of desth)
15. Birthplace Willie Aruthrie	Ayopsy results	
Consellent + rayla it. Safety 1.	YSICIAN: Please underline the cause to whi	
(Burial, cremation, or perioval. Which?) (Burial, cremation, or perioval. Which?)	Where did injury occur? (City or town)	
Cemeter for cremajory	(City or town) Injured at home, farm, industry, public place (wh	
18) Intelligence of the Walter R. Hills	mens of Injury	injured at work?
Address Salesty Ma.	23. SIGNATURE Depty	M, D. or other
19. Date rec'd by registrar) Registr	Address Jalealing	Med Date signed 2: 13 48

FEB 24 1948

BUREAU V. S.

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No. 333	
County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Nospital, institution, or street address where death occurred: A: 7-0 ## 2 How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NAME Welliam Elisha Owens	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced make White married	MEDICAL CERTIFICATION 20. DATE OF DEATH FEBRUARY 24 19 48 21 9:4	
6.(b) Name of husband or wife Fannie C. Owe 70 S.(c) If alive, give age 70 years 7. Birth date of deceased (mo., day, yr.) April 2, 1871	Immediate cause of death DURATION	
8. AGE: Years Months Days If less than one day 76 10 22	arteriorelevatio Least diseas 3 mo	
9. Birthpiace Wiles Wind Though The (Town, county, and state) 10. Usual occupation Farmer	Due to	
11. Industry or business	Dither conditions	
13. Birthpiace Wicomics - md.	(Include pregnancy within 3 months of death)	
14. Maiden name lans tolliott 15. Birthoiace Lussey Co - Del.	Major findings of operations. Date of op.	
16. informant Multon Outers Address Boy 44 - Fruitland, Md. 17 Buriel Date thereof 2-27-48	Autopsy results	
(Burlal, cremation, or removal, Which?) Cemetery or crematory. Which?) Date thereof (month) (day) (year) Removal Park	Accident, suicide, or homicide	
18. Funeral director At blowning & S Walter R. Hollow Address Dechurch St. Salisbury md.	Means of Injury Injured at work?	
19. Date rood by registrar 18 \$181. Karein Tal Registrar	23. SIGNATURE M. D. or other Address Fruitland Manyland Date signed 2-25-	

MAR 9 1948
BUREAU V. S.

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NFADING INK. Supply every item of information carefully. The colut. Physicians: please write the causes of death clearly and logible.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

OERTH ICA	Reg. Dist. No. 3.3.3
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (if outside city or town limits, write RUNAL and give nearest town) Street No. (If rurfat, give LOCATION) 2.(a) If veteran, name war
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE DF DEATH
8. (6) Name of husband or wife Allelians & Pushiyana Good Annau Go	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19
16. Intermant Address Sala South Manual Community (Burlat, cremation, or reprovat. Which Community (month) (day) (year) Demetery or crematory Salakh	Where did Injury occur?
19. (Date roled by registrar) 19 48, Hasriet I. Johns	23. SIGNATURE M. D. or other Address. 858. W. M. J. Date signed 2-12-48

FEB 24 1948 BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICA	Reg. I	Diat. No. 333
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother) State	lamila
Hospital, Institution, or street address where death occurred:	Street No. 109 Must (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	no
3. (a) FULL NAME Charles A Parsons		ial Security Number
4. Sex 5. Color or race 6. (6.) Single, married, widowed, or divorced	MEDICAL CERTIFICA 20. DATE DE DEATH. 20 FEBRUARY	TION
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that	0 Feb - 1948
8. AGE: Years Month Day If tess than ope day 5-3 -9 6	n. Tareses	DURATION
9. Birthplace MANY (Town, county, and state) 10. Usual occupation Warter	Due to	Tyrology
11. Industry or business sume as whose	Due to	
13. Birtholace Salishury Md 14. Maiden name Plutha J. Slemans 8 15. Birtholace Salishury Md	(Include pregnancy within 3 months of death)
16. Informant Music Staunders	Autopsy results	
17. Busiel Date thereof Richard (month) (day) (year)		llowing; Date of
Commetery or crematory Hanalds	Where did injury occur?	
18. Funeral director frame afficiency and	asker A. To	at work?
19. 2 2 5 19.47 Case of As Registra	23. SIGNATURE Address Als being Mal	M. D. or other

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLAINLY, v is especially

PLEASE WRITE

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MAR 9 1948

BUREAU V. S.

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CERTIFICATE OF DEATH

2. USIAL RESIDENCE (HOMME) OF DECEASED. (For new York Indiangly and Price BUBAL and give market town) Row long in about your divers shampless decured: (If variable days of one long with the days of the shampless decured: (If variable days of one long), write BUBAL and give market town) Street No. [If variable days of one long, write BUBAL and give market town) Street No. [If variable days of one long, write BUBAL and give market town) Street No. [If variable days of one long, write BUBAL and give market town) Street No. [If variable days of one long, write BUBAL and give market town) Street No. [If variable days of one long, write BUBAL and give market town) Street No. [If variable days of one long, write BUBAL and give market town) Street No. [If variable days of one long, write BUBAL and give market town) Street No. [If variable days of one long, write BUBAL and give market town) Street No. [If variable days one long, write BUBAL and give market town) Street No. [If variable days one long, write BUBAL and give market town) Street No. [If variable days one long, write BUBAL and give market town) Street No. [If variable days one long, write BUBAL and give market town) Street No. [If variable days one long, write BUBAL and give market town) Street No. [If variable days one long, write BUBAL and give market town) Street No. [If variable days one long, write BUBAL and give market town) Street No. [If variable days one long, write BUBAL and give market town) Street No. [If variable days one long, write BUBAL and give market town) Street No. [If variable days one long, write BUBAL and give market town) Street No. [If variable days one long, write BUBAL and give market town) Street No. [If variable days one long, write BUBAL and give market town) Street No. [If variable days one long, write BUBAL and give market town) Street No. [If variable days one long, write BUBAL and give Bubal and g		Reg. Distriction and an arrangement of the second of the s	
State (If outside city or town limit, write BURAL and give nearest town) Brew long in about a defers wherey death because (If outside city or town limit, write BURAL and give nearest town) Brew long in house a death of the subject of the s	1. PLACE OF DEATH:		
Street S		MA. Museum	
Row long in above place of death?	City or town	State	
Street No. 70 Name of houseast or wise. Sold allow, gir age 2 11 I CERTIFICATION 3. (a) FULL NAME 3. (b) Name of houseast or wise. Sold allow, gir age 2 11 I CERTIFICATION 6. (c) Name of houseast or wise. Sold allow, gir age 2 11 I CERTIFICATION 7. Birth date of deceased from Matthew 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(If outside city or town limits, write RURAL and give nearest town)	
Row long in hospital resitivition? 3. (a) FULL NAME 4. Set 5. Color or race 6. (a) Stands, married, viscower, or divorced 7. Buth Able of deceased (mo., day, r.) 8. AGE: Tears 8. AGE: Tears 8. Menths 9. Birthplace 9. Birt			
3. (a) FULL NAME 4. Set 5. Color or race 6. (a) Sample, marries, videwes, or disorced MAN MEDICAL CERTIFICATION 20. Date of Death, MANUALLY 21. I CERTIFY Light death occurred as the daid above sisted; that Latituded deceased from 15. Birth date of 16. (a) Halive, give age 17. Birth date of 18. AGE: 18. Tear Menths 19. Wall 19. Wa	Lenersula General Hospital	(If rural, give LOCATION)	
4. See 5. Color or race 6. (a) Single, married, videwed, or dispress MALL MALL MALL MALL Buth date of white Addid 6. (b) Hame of husbard or wife 6. (c) Halle, give age 8. AGE: Verr Months Bay: 11 less han one day 11. Industry or business 12. Name Mallen man Mallen m	How long In hospital or institution?	2.(a) If veteran, name war	
MALL SHIP MALL MALL SHIP DEATH AND S	3. (a) FULL NAME	3. (b) Social Security Number	
MALL SHIP MALL MALL SHIP DEATH AND S	Agast Sachiell Phillips	0, 20.	
8. (6) Name of husband or wife Addies of Second Indiana Publish And Publish And Publish And Publish And Publish And Indiana Second (mo., day, yr.) 8. AGE: Years Months Dayr If less han one day Immediate cause of death. 9. Birth date of deceased (mo., day, yr.) 10. Usual occupation. 11. Industry or business 12. Name Address Addies And Andrews Andrews (month) (day) (year) Cemetery or crematory Andrews) 13. Funeral director Andrews Andrews 14. Funeral director Andrews (minch) (day) (year) Cemetery or crematory (min	4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
8. GC It alive, give age	Male State Married	20. DATE OF DEATH Schwary 13. 19.48. 21 8.70 A	
2. Birth date of deceased (mon, day, yr.) 8. AGE: Years Months 9. Birthplace. 11 less than one day 11. Industry or business 12. Name. 13. Birthplace. 14. Maiden name. 15. Birthplace. 16. Informant. 17. Maiden name. 18. Maiden name. 19. Maiden name. 19	6.(b) Name of husband or wife Slaud Ines Phillips	(to be 1 mile 1 mile 1 3 and 11 and	
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8. AGE: Years Months Days It less fram one day Separate Separate Description		and that I last saw in Mailve on 19.7	
5. Birthplace MANNIA Miles and state) 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Malden name 15. Birthplace 16. Informant 17. Malden name 18. Informant 19. Date thereof (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please maderline the cause to which death should be charged statistically. Recident, suited, or homicida. Date of op. Antopsy results. PHYSICIAN: Please maderline the cause to which death should be charged statistically. Accident, suited, or homicida. Date of op. Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Injured at work? 19. Date of op. M. D. or other		Immediate cause of death	
9. Birthplace MANUAL Training and state) 10. Usual occupation	0. 802.		
Due to	V. N. M.		
Due to 11. Industry or business 12. Name 13. Birhplace 14. Maiden name 15. Birhplace 16. Informant 17. Address 17. Address 18. Industry or cremajory 19. Date thereof 19. Date the	9. Birthplace Markers, Mutrues, 116.	Due to. Carlero-College	
11. Industry or business 12. Name	(lawn, county, and state)		
Dither conditions 12. Name 13. Birihplace 14. Maiden name 15. Birihplace 16. Informant Address Address Address Address Accident, suicide, or homicide Location Address Address Address Address Address Accident, suicide, or homicide Location Address Address Address Address Accident, suicide, or homicide Location Address Address Address Accident, suicide, or homicide Location Address Accident, suicide, or homicide Location Address Accident, suicide, or homicide Location Address Accident, suicide, or homicide Means of injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of injury 18. Funeral director. Address M. D. or other M. D. or other M. D. or other	1D. Usual occupation.	Due to	
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(Include pregnancy within 3 months of death) 14. Malden name	= 12. Name Slage I done fullips	Dther conditions	
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Address Address Date thereof. (Burial, cremation, or remayal. Whigh?) Cemetery or crematory Location Means of Injury PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury 18. Funeral director. Address Addre	\$ 15. Birthplace Mushus Co.	Date of op.	
Address Address Address Address Date thereof Address Date of Date of Address Date of Date	16. Informant last al. Rhillips, B.	Antopsy results.	
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(Burial, cremation, or remayal. Which?) Cemetery or crematory. Location. Location. Means of injury Mean	19,11,11	22. VIOLENCE: If death was due to external causes, fill in the following:	
Location Survived at home, farm, Industry, public place (where?) 18. Funeral director. Sul Sull & S	(Burial, cremation, or removal, Whigh?)	Accident, suicide, or homicide	
Location Survived at home, farm, Industry, public place (where?) 18. Funeral director. Sul Sull & S	Compton of compton of Phillips (piscopal) Conetter	Where did Injury occur?	
18. Funeral director. J. L. Means of Injury 18. Funeral director. J. L. Means of Injury 19. L.	Our Xi m		
Address Salvalury, 1921. 19. 19. 19. 19. 18. The Market of Deliver of M. D. or other	Location Outs Miles		
19. D. I 6. 19 d. 8. Character S. D. Character D. C. Signature C. M. D. or other	18. Funeral director of the Mill & Market Co.	means or injury injured at work?	
19. 2 / 16 19 dt 8 1 Calarat Dohnson 0 0 1 31	Address Salisany, M.A.	Com a Tipiale er 2000	
19	a / 1/ 1/2 m - 1 2 a Onl	23. SIGNATURE	
	(Date reg d by registrar)	WAddress Delcolory, Hel Date signed 715,	

FOR BINDING RESERVED MARGIN WILL UNFADING INK. Supply every item of information carefull important. Physicians: please write the causes of death clearly and

WRITE

PLEASE



FEB 24 1948

BUREAU V. S.

9-45-15M

VS A15

Ack

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1378

02148

CERTIFICATE OF DEATH

D

	CERTIFICA	L OI DEAT	11	Reg. Diat. No	
1. PLACE OF, DEATH:		2. USUAL RESIDENCE (For newborn infa	nts give residence of a	mother)	w
City or town		City or town (If outsi	de city or town mits	, write RURAL and giv	
How long in hospital or Institution?	askitab	Street No. 5 5	(If rural, give	LOCATION)	V
3. (a) FULL NAME	7			3. (b) Social Secu	rity Number
	d, widowed, or divorced			RTIFICATION	
Male Shite	0 0 .0	20. DATE OF DEATH			
6.(b) Name of husband or wife Mildred	9 Cowell e, give age 60 years	21. 19 RYIFY that death o	19/	W 10 Fel	519.5%
7. Birth date of deceased (mo., day, yr.) Nov 9 187	78	and that I last saw II	•		DURATIO
(0 0 0 1	ss than one day hrs min.		a dese	fi eli-	1)
9. Birlhplace Ocean City and state)	nd	Due to			in the second
10. Usual occupation Movement Lieture	ownes	Oue to			
11. Industry or business Moverng Feeling	ell	Other conditions		•	
11. Birthplace Ocean City	nd His	(Include			
15. Birthpiace Berline Rud)	Major findings of aperation	40.0		
18. Informant Mrs Mildred J. Address Chines teame Ta	owell	Autopsy results PHYSICIAN: Please under			rged statistically.
3 0 1 7	eb- 8 1948 (month) (day) (year)	22. VIOLENCE: It death Accident, suicide, or homic			
Cemetery or cremetory Energeles		Whers did Injury occur?			
18. Funeral director Walter M. E	lark	Injured at home, farm, Ind	ustry, public place (wh	Injured at work?	
Address Chinesteague,	va	23. SIGNATURE	/h/h	el.	
19. Land (Date red d by registrar)	E Bustrar	Address	lests	0ate sig	D. or other



FEB 23 1948 BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CERTIFICA	ALE OF DEATH Reg. Diat. No. 333
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in fints give residence of moth) State
How long in hospital or institution?	2.(3) If veteran, name war
3. (a) FULL NAME anna Pearl Pry	3. (b) Social Security Number
1. Lex 5. Color office 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH 1918 230 P
6.(b) Name of husband or wife	and that Mast saw h LACalive on
8. AGE: Years Months Days It less than one day When the second of the s	
10. Usual occupation. 11. Industry or business.	Due to
12. Neme illiam S. Prys. 13. Birtholice O. ## 1. Lalish Omd.	Dither conditions (Include pregnancy within 3 months of death)
14. Males name: Miles Belle Moreh Not Certie Con Md.	Major findings of operations. Date of op.
At 827. S. Dir. A. Malufy M.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burisi, cremation, of removal, Which?) Date thereof (month) (May) (year)	Accident, suicide, or homicide
Constant Control of Co	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Mesons of Injury Injured at work?
Addresduling Mayland	23. SIGNATURE JULIA JULIA JULIA STOTHER
19. (Date pe'd by r) gistrar)	trar Address Collection Manual Date signed 2 74

FOR BINDING MARGIN RESERVED WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine is especially important. Physicians: please write the causes of death clearly and legible

W Sorrect age

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PLEASE



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 3.3.5

	Reg. Dist. 100
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Accounts	m 1 1
(If outside city or town mits, write RURAL and give nearest town)	State // Paryland County County
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town mita, write KUKAL and give nearest town)
	Street No. 317 Second St.
D. Acres	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Keddish - Mr. Comores .	
4. Sex 5. Color or race 6.(d) Single, parried, widowed, or divorced	MEDICAL CERTIFICATION
Nale white Married	20. DATE DE DEATH Selecuary 24 19 48 at 7 40
Will: Ann Poddiel	
6.(b) Name of husband or wife	21. I-CERTIFY that death occurred on the flate above stated: that I gended acceased from
	19 40, 10
7. Birth date of Ann. 1-24- 1871	and that I last saw half alive on 19
deceased (mo., day, yr.) R ACF- Years Months Days If less than one day	Immediate cause of death
o, Adl.	Cerebral ralumnes o
76 3 0min.	1 DO 1/1
hugatic Marshall	Due to.
9. Birthplace(Town, county, and state)	120 lang Heppeless
10. Usual occupation. lateral frame	
	Due to.
11. Industry or business	alle Herry
12. Name	Other conditions
13. Birthplace Missing Co- Mag	
E Welens	(Include pregnancy within 8 months of death)
14. Malden name Walsmile Co. My	Major findings of operations
\$ 15.pBirthplace	Q D 1 M A Date of op.
Mr. Willie a. Reddie Weye	April 1000
16. thtormant	MYSICIAN: Mease underline the caose to which death should be charged statistically.
Address 311. Record N. Suprilley 18	22. VIOLENCE: If death was due to external causes, fill in the following;
17 / Service Date thereof Feb. 26-148	
(Burial, cremation, or regional Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or prematory when Cumulan	Where did Injury occur? (City or town) (County) (State)
Leliter Med	Injured at home, farm, Industry, pub ¹¹ c place (where?)
Location	
19 Fineral director	Mount of Injury Injured at work?
Sel 10 mareland	$A \cup A \cup$
Mingritishing // Carry -	23. SIGNATURE CY. Dear YC
. 9. 19. 1 . M. Col. a. D. O. O.	O De all M. Der other MAN
(Duré rec'd by registrar)	Address Date signed Mulicipal Date signed Mulicipal Date signed Mulicipal Date signed Mulicipal Date Signed Date S

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

correct age

de Hearne

VS A15 9-45-15M

PLEASE WRITE PLAINLY, v is especially

RECEIVED MAR 9 1948

BUREAU'V. S.

PLEASE

VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

02151

CERTIFICATE OF DEATH

Reg. Dist. No. 3.3.3

1. PLACE OF DEATH: county Wicomico	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. SAlitbury, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 days 12 feets	State Macyland county work estee City or town for town timits, with RURAL and give nearest town)
How long in hospital or institution? How long in hospital or institution? How long in hospital or institution?	Street No
Roberts William	3. (b) Social Security Number
MALS Colored Widowed, or divorced Widowed.	MEDICAL CERTIFICATION 2D. DATE OF DEATH 2D. DATE OF DEATH 2D. DATE OF DEATH
6.(6) Name of husband or wife Willie Roberts 7. Birth date of deceased (mo., day, yr.) Unforce of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days It less than one day	Due to Astronochiose C-V-Descar
10. Usual occupation 11. Industry or business 12. Name	Due to
13. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant blumbus Roberts	Autopsy results
Address 17. Burlant, cremation, or removal Which?) Cemetery or crematory. The state of the sta	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Russel Poconofus model 18. Funeral director Among Afglications 18.	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?
Address Pacomohis mon	23. SIGNATURE Milliam & Gray Met. M. D. or other Both Signad H 20/48

FEB 26 1948
RUREAU V. S.

NS

MARYLAND STATE DEPARTMENT OF HEALTH

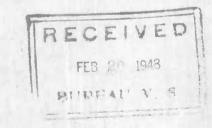
2411 N. Charles St., Baltimore

13301

02152

CERTIFICATE OF DEATH

A. PLACE OF DEATH: 1	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Streomso	(For newborn infanta give residence of mother)	4
City or town Mardela md RD.	State County	
(If outside eity or town limits, write RURAL and give nearest town)	City or town Mardela Md	R.D
How long in 2004e place of death f	City or town(If outside city or town limits, write RURAL an	nd give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.	
	(If rural, give LOCATION)	
How long in hospital or Institution?	2.(α) It veteran, name war	
3. (a) FULL NAME	3. (b) Social	Security Number
Jenne U. Ongl	ish Russell	
4. Sex 5. Colo or Pace 6.(a) Single, marries widowed, or divorces	MEDICAL CERTIFICATI	ON
It while single	for 15	U.S . LL 200
R	20, DATE OF DEATH. TET 1 S	19 5
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Latt	/
		19.16.8
7. Birth date of		1968
deceased (mo., day, yr.) Deb 14 [00]	Immediate cause of death	MOITARUQ
8. AGE: Years Months Days It less than one day	Proseletis	8days.
79 0 /hrs.	min.	
markela md PA		
9. Birthplace	Oue to	***************************************
) to so and		
10. Usual occupation.	Oue to	
11. Industry or business		
E 12. Name Md Nussell E 13. Birthplace	Other conditione arterio clerases	
13. Birthplace Md		
× 1	(Include pregnancy within 3 months of death)	
E 14. Maiden name.	Major findings of operations.	
14. Malden name Hengietta Toddard.	Oate of	f on
Mar store shortley		
16. Informant	PHYSICIAN: Please underline the cause to which death should b	
Address Maraela, 114		
Burial 2-17-91	22. VIOLENCE: If death was due to external causes, fill in the follow	ring;
(Burlal, cremation, or removal, Which?) Oute thereof (month) (day) (year)	Accident, suicide, or homicide	e of
Cemetery or crematory Kwerton	Where did injury occur?	e) (State)
IVI TO MA		
Location Wester 180	Injured at home, farm, Industry, public place (where?)	
18 England (maveur Sros	Meane of Injury Injured at	work?
1B. Funeral director	20/ 0/1/	
Address Sharptown Ind	- 00 SIGNATURE Of D. Kukling	can
21/2/48 9NNDlat	23. SIGNATURE	M. D. St other
19. The second by the second s	Strar Address & Karptonn Zuch	te signed 7/2/XX



.M

age

. PLACE OF DEATH:

3. (a) FULL NAME

Male

7. Birth date of

8. AGE:

deceased (mo., day, yr.)

10. Usual occupation. 11. Industry or business

12. Name....

13. Birthplace

14. Malden name...

14. Malden na 15. Birthplace

Address

78

Wicomico

Hospital, institution, or street address where death occurred:

SCHMALBACH,

Salisbury Maryland
(If outside city or town limits, white RURAL and give nearest town)

Widower

.6.(c) If alive, give ageye:

If less than one day

How long In above place of death? Since Nov. 13. 1946

How long In hospital or Institution? Since Nov. 13, 1946

8.(b) Name of husband or wite Annie Doll Schmalbach

May 2, 1869

24

Schmalbach

Eastern Shore Tb. Sanatorium

White

9. Sirthplace Baltimore, Maryland (Town, county, and state)

Tailor

Germany

Germany

16. Informant Patient on admission

Margaret Knoth

Andrew

WITH

important.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, is especially PLEASE

2. USUAL RESIDENCE (HOME) OF (For newborn Infants give residence of m	DECEASE	D:	
State Maryland Coun	ty Wi	comico	*************
City or town Sall Soury	write RURA	L and give nea	reet town)
Street No 223 Pine Street			
(IX rura), give i 2.(a) It veteran, name war			
2.(3) (1 receian, manie wat		cial Security	
MEDICAL CE			
20. DATE OF DEATH February	26	148	9:45
21. I CERTIFY that death occurred on the date above July 1 19. 4 and that I last saw h 1 m alive on Feb.	17 to 2	2/26/48	19
Immediate cause of death			DURATIO
Chronic Nephritis			
Chronic Myocardit	1s		l yr
Oue to			•••••

Other conditions			
(Include pregnancy within 8 m	ontha of deat	h)	
Major findings of operations			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	0a	ite of op	

Accident, sulcide, or homicide.

Where did Injury occur?

(City or town)

injured at work? Meens of injury

injured at home, farm, industry, public place (where?)

M. D. or other

Salisbury, Md.

MAR -9 1948

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

				_			
			7	>	L	-	
Reg.	Dist.	Not	5	5	3		

CERTIFICATE OF DEATH

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
town)	State Manyland County Wiomico City or town (If outside city or town limits, write RURAL and give nearest town) Street No. Shaffann - Louis Rule (If rural, give LOCATION)
*************	2.(a) If veleran, name war
	3. (b) Social Security Number
orced	MEDICAL CERTIFICATION
	20. DATE OF DEATH Jebruary 11 1949 214:15 P. M
years	21. I CERTIFY that death occurred on the case above stated; that I attended deceased from 19. 19. 10. 19. 5
min.	Immediate cause of death Clearle of Thermore for him
land	Due to
•••••	Due to
	Dther conditions
	(Include pregnancy within 3 months of death)
	Major fieddags ol operations
	Autopsy results PHYSICIAN: Please noderline the caose to which death should he charged statistically.
4 1948 (year)	22. VIOLENCE: If death was due to esternal causes, fill in the following; Accident, suicide, or homicide
	tnjured at home, farm, Industry, public place (where?) Maena of Injury Injured at work?
Registrar	23. SIGNATURE J. J. Suhlman. Address harpiron not Date signed /// & 8.

information carefully of death clearly and ADING INK. Supply every item of Physicians: please write the causes WITH UNF important. especially PLAINLY, is especially 国 PLEASE WRIT

1. PLACE OF DEATH: County Vicamics

How long in above place of death?...

How long to hospital or institution?. 3. (a) FULL NAME

4. Sex

male

7. Birth date of

8. AGE:

deceased (mo., day, yr.)

1D. Usuat occupation.

11. Industry or business

13. Birthplace

Dunal

(Date rec'd by registrar)

18. Funeral director

Hospital, institution, or street address where death occurred:

5. Color or race

Colored

Months

Wicomico County

(If outside city or town limits, write RURAL and give nearest

...... 6.(c) If allve, give age.

If less than one day

24

Day Labore

2 years

A15 SN



contect age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Included is especially important. Physicians: please write the causes of death clearly and legible.

WRITE

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02155

OPPRIEIGATE OF DEATH

CER	Reg. Dist. No. 833
1. PLACE OF DEATH KLComic	2. USUAL RESIDENCE (HOME) OF DECLASED: (For no long in lants give residence of mother)
City or town (If outside city or twn limits, write RURAL and give ne	State County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in hospital or Institution?	(If rural, give LÖCATION)
3. (a) FULL NAME Laura Seine	3. (b) Social Security Number
4. Son S. Color or face 6. (a) Single, married, with wed, or	or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH, FULL 26
6.(6) Name of husband or wife Valler Surgel. 6.(c) Malive, give age.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Nov. 4-186 9	and that t last saw h
8. AGE: Years Months Days If less than one 22hrs.	day Carffylon John 2km
9. Birthpiace (Town, county, and state)	and Due to Earthal Wemenhare 4 they
to. Usual occupation	Due to
12. Name	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations
16. Interment Comis Nelfare 1300	Autopsy results
Address Allery Maryland	28-42. VIOLENCE: If death was due to external causes, fill in the following:
17	(day) (year) Accident, suicide, or homicide
Cemetery of Fremators	Where did injury occur?
24 lloss of a Walle R. h	Maans of trijury Injured at work?
18 Fine a Great Mary Land	Poles Ing lens
18. 2 12.5 1 19 H. T. Karais C. J. (Daty rec'd by registrar)	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Registrar Address Latterung Date signed AD 14

MAR 9 1948

BUREAU V. S.

important.

especially

PLAINLY, is especially

PLEASE WRITE

SA

MARYLAND	STATE	DEPARTMENT	OF	HEALTI

2411 N. Charles St., Baltimore

02156

M. D. or other

. Date signed 2/14/48

E OF DEATH	Reg. Dist. No	333
2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
state Maryland		
City or town	mits, Write RURAL and give near	rest town)
Street No	give LOCATION)	
2.(a) If veteran, name war		
	3. (b) Social Security 1	Number
	CERTIFICATION	9:3
21. I CERTIFY that death occurred on the date		
***************************************	19, to	
and that I last saw halive on		19
mmediate cause of death Premaria, b		19
	etority Ta.K. ulateral, lobar bes	19
and that I last saw halive on	etority Pa.K.	DURATION 24 G.
mmediate cause of death Romania, b. Preumonia, b. Call lo	etority Pa.K. ilaleral, lobar bes)	DURATION 24 G.
mmediate cause of death Premark Preumonia, b (34, 10) Oue to	etority Pa.K. ilaleral, lobar bes)	DURATION 24 G.
mmediate cause of death Premark Preumonia, b Call lo Due to	atority Ta.K.	DURATION 24 G
mmediate cause of death Promise on Preumonia by Caul loo ue to Caul loo (Include pregnancy within Major findings of operations.	etority 70.K. Ilaleral 10.026 bes) 1 Vr(144 1 S months of death) Date of op.	DURATION 24 G
immediate cause of death Promise immediate i	atority 70.K. (atority 70.K. (atority 70.K. (atority 70.K. (bes) as months of death) Date of op. which death should be charged causes, fill in the following;	DURATION 24 G
mmediate cause of death Promotion by Preumonia by Cau loo Jue to Cau loo Other conditions Prema (Include pregnancy within flajor findings of operations within the cause to	at ority Ta. K. Alaran Jobar Laran Jobar Laran Jobar Laran Jobar Bate of op. Which death should be charged a causes, fill in the following; Date of	DURATION 24 G
and that I last saw h	atority (a.k.) (alexal, lobar bes) 1 another of death) Date of op. which death should be charged causes, fill in the following; Date of	DURATION 24 Local Statistically.

CERTIFICAT 1. PLACE OF DEATH: Wicomun (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Mospital, Institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife 6.(c) It allye, give age 7. Birth date of deceased (mo., day, yr.) Days It less than one day 8. AGE: Years Months (Town, county, and atate) 10. Usual occupation 11. Industry or business 13. Birthplace 14. Maiden na 15. Birthplace 14. Maiden name 16. Informant Address Date thereof. Cemetery or crematory... 1B. Funeral director ... Address

FEB 28 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

02157

CEDTIFICATE OF DEATH

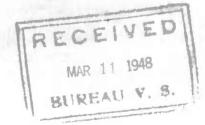
CERTIFICAT	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State. Thoughout County Nicouries City or town Salisbury (If outside eleyfor town limits, write RURAL and give nearest town) Street No. 4/5 Delaware Heat (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME alvertia E. Stanley	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Temple Colored Nedowed	MEDICAL CERTIFICATION 20, DATE OF DEATH. February 25 19.48 21 //: 15
8, (6) Name of husband or wife Richard Stanley 8. (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. A.G.F. Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day 75 3 /5 hrs. min. 9. Birthplace Years County Thanks atte. 10. Usual occupation Houseway 10.	Due to. Daterio Schros Intel.
11. Industry or business 12. Name. James Fames 13. Birthplace Wisomics Gunty, Maryland	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Liga and Brown 15. Birthplace Vicomico County Mayland 18. Informant Mrs. Radie Henry	Major fiedings of operations
Address 415 Delaware Street, Solisbury Md. 17. Gurial (Burial, cremation, or removal, Which?) Cemetery or crematory Saw Sorrings Counterly	22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide
Location New Shaptown Many Son 18. Funeral director. A. Lacuptom & Son	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Msans of Injury Injured at work?
19	23. SIGNATURE A MUSICAL M. D. or other M. D. or other Address 800 W. Main St. Saleghose signed 2/25/4

FOR BINDING MARGIN RESERVED

9-45-15M

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. A15 SA

PLEASE



correct age

PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly an

WRITE

PLEASE 1

SA

RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

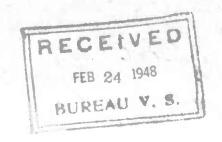
992

02158

CERTIFICATE OF DEATH

g. Diat. No. 3 3 3

	Reg. Dist. No. man.
1. FLACE OF DEATH. County	2. USUAL RESIDENCE (HOME) OF DECEASED (For new your infants give residence of mothers) State
3. (a) FULL NAME annie Eliza	Welch 3. (b) Social Security Number
4. Sp. 5. Color or yace 6. (a) Single, married, widowed, or divoyed 6. (b) Name of husband or wife 6. (c) It alive, give age 75. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hy. min. 9. Birthplace (Toyin, county, and state) 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 13. Birthplace 14. Add 15. Ad	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from 19
14. Maiden name 15. Birthplace 16. Informati 17. (Burial, cremation, or removal, Which?) Cemberry of crematory Location 18. Fungral director 19. Delay of the American of the Company of the Compa	Major findings at aperations. Date of op. Antapsy results. PARSICIAN: Please underline the cause to which death should be charged statistically. 22. VIDLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Manna prinjury Injured at work? M. D. grather



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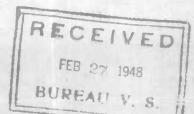
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infactor give residence of mother)
City or town Sales Clarity Burney	State Did . County Illen ann
(If outside city or town limits, write RURAL and give nearest town)	City or town. Centurville Rural (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Sireet No.
Eastern Shore Vuleurlosis San	(If rural, give LOCATION)
How long in hospital or institution?/ Months	2.(a) If veteran, name war
My Mary agness Whit	3. (b) Social Security Number
4. Sex 5. Color of ace (8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
In Nullow	20. DATE OF DEATH. 18 22 19 48 21 2 PM
6.(b) Name of husband or wife I ferson hehito	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
Designation 6.(c) If allve, give age years	19.45 to 2 2 2 19.48
7. Birth date of deceased (mo., day, yr.) #/2 4/1871	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 140
9. Birthplace Ty tomus (Town, county, and state)	Due to
1D. Usual occupation	Due to
11. industry or business	
12. Name 21 12. Name 21 13. Birthplace Belgue	Other conditions Marie Luthille, 3 gas
	(Include pregnancy within 3 months of death)
14. Malden name Cinra Moyamer 15. Birthplace Mulance	Major findings of operations.
15. Birthplace	
18. Informant Address	Autopsy results
13 . 3 - 3 - 48	22. VtOLENCE: If death was due to external causes, fill in the following;
Date thereof. (Burisl, cremation, or remain Which)	Accident, suicide, or homicide
Cemetery or crematory O Lister feel of Courses	Where did injury occur?
Location Centerwilli aux surfa	tnjured at home, farm, industry, public place (where?)
18. Funeral director VI Disseil Marry Q. San	Means of Injury Injured at work?
Address Decetar Mel.	Sthraulle mo
10 2/24 10 48 ma & Jenge	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 7 48



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02160

CERTIFICATE OF DEATH

Reg. Diat. No. 333

PLACE OF DEATH: Officensics	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County War Diffarille W/	State County See LE
City or town (If outside city or town limits, write RURAL and give nearest town)	D' - 122
How long In above place of death?	City or town (If overside city or town limits, write RURAL and give searest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Jampeon Wrance	
4. Sat 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Married	20. DATE OF DEATH Fermany 11th 1848 815-30 PM
1:0lie Wilking.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wite	nov. 1 1947 10 Feb. 11 1948
6.(c) it alive, give age 7.8 years	and that I last saw h. more alive on Full 11, 1948 19
7. Birth date of deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	The state of the s
0 0 0	Chrome supocartilo 1 year
80 9 2/hrsmin.	
9. Birthplace Lile to taron Warrette : Md	Due to
10. Usual occupation Offamer	
T.	Due 10
11. industry or business	
12. Name dominated Welking	Other conditions of two alexand from
3 13. Birthplace Liberty they manyland	Inkluenza and erman cold.
# 30:0 B no Alang	(Include pregnancy within 3 months of death)
14. Malden name 3 emil 13 valuables 15. Birthplace Westerty warmen	Major findings of operations.
\$ 15. Birthplace Therefore manylong	Date of on.
16. Informant being o wilking o	Aotopsy results
10. million 10 10 10 10 10 10 10 10 10 10 10 10 10	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Multiple Address	22. VIOLENCE: It death was due to external causes, fill to the following:
17 Burial Date thereof +251 15 19	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	Applicately entoled or homosylvania
Cemetery or crematory Mars Hope	Where did injury occur?
MANUAL MANUAL Sand	Injured at home, farm, industry, public place (where?)
Location Million National Wells)	Means of Injury Injured at work?
18. Funeral director Olinis Personal Wells	0 1 4 0
Address Pettaville, md.	23. SIGNATURE FRANK FRANK FRANK MIN.
19. 8 / 13 18/81 Hazza & E. Johnson	M. D. or other
(Date red d by registrar) Registrar	Address Williams Date signed 2-12-48

FEB 24 1948 BUREAU V. S.

CERTIFICATE OF DEATH

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1-1			4	13

		rles St., Baltimore	740	4 -
	CERTIFICA	TE OF DEATH	Reg. Dist. No	# 3
1. PLACE OF BEATH:		2. USUAL RESIDENCE (HOM	E) OF DECEASED:	
ounty		State Manyland	County Lecon	
or town (If outside city or town limits, wri	te RURAL and give nearest town)	11/10-1	7	
ow long in above place of death? 6 - 4/4	NO	City or to (Voutside city or top)	limits, write RURAL and give nea	rest town)
spital, instilution, or street address where doubt occ	4	Street No.	ast	
last.	Just	(If rura	l, give LOCATION)	
How long in hospital or institution?		2.(a) if veteran, name war		
3. (a) FULL NAM	Senne G	Tillia	3. (b) Social Security	Number
4 Sex 5. Color or race 6.(9)	ingle, married, widowed, or morced	MEDICA	L CERTIFICATION	
mal alike	mill	7	L. 14 .40	. 11
face of pas	To 001:00.	2D. DATE OF DEATH.	1. 14 1048	
6.(b) Name of husband or wife.	de Hillia	21. I CERTIFY that death occurred on the d	Up Fith	sed from.
	. 6.(c) if allve, give ageyear	18	19.7.7	Jug19
7. Birth date of deceased (mo., day, yr.)	2 1866	and that I last saw h and there on	to the state of th	19
AGE: Years Months Days	Il less than one day	Immediate cause of death		DURATI
26/ 6// 22	hrz		1 3/10	7 -
000000	D. A.	010000	/ Mensey	SXAZ
Birthplace	and state	Due 10	***************************************	
1/1/2			2	
. Usual occupation	7.0	Due to	47-634	
1. Industry or business	night			
12. Name	me	Dther conditions		
13. Birthplace Jongo	n knyland	(Include pregnancy with	thin 3 months of death)	
14. Maiden name Allelia	Smill			
15. Birthplace Meile		Major findings of operations		
01/16-17	Tar. 10 .			
16, Informant	- Lucia	PHYSICIAN: Please underline the cause		statistically.
Address Delmar	Del	22. VIOLENCE: If death was due to exten		
7. Bues Date	thereof 2-/6-48	Accident, suicide, or homicide		
(Burne, eremation, or removal, Which?)	(month) (day) (year)			
Cemetery of crematory	Melita	Where did Injury occur?(City or t	town) (County)	(State)
Location Delma	Delsevas	tnjured at home farm, Industry, public pi	ace (where?)	
01 2-11	20000000	Means of Injury	Injured at work?	
18. Funeral director		2//	1 1 10	
Address Delmay	() elayor	23 SIGNATURE	Toull	1
Tola. 16 14	arra & Huds	ou X	M. D.	or other
(Date rec'd by registrar)	Registra	Address Nellean	Dalo signed.	1-16

FOR BINDING ARGIN RESERVED

FEB 17 1948

BUREAU Y. S.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 51

02162

CERTIFICATE OF DEATH

Reg. Diat. No. 333

1. PLACE OF DEATH: Wisawisa	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or lown Allisbury	(For newborn infants give residence of mother) State Allaway County And Castle	
(If outside city or town limits, write RURA) and give nearest town)	City or town	
How long in above place of death?	in Juis Ch	
Generoula general Hospital	(If rural, give LOCATION)	
How long in hospital or institution? I 2 manths, I week	2.(a) If veteran, name war	
3. (a) FULL NAME .	3. (b) Social Security Number	
William Thenry Wr	ngate	
4. Sex 5. Color or race 8.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION	
male white Backelow	20, DATE DE DEATH Tellulary 14, 18 48 21 5:30 P.M	
V	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from	
6,(b) Name of husband or wife	The 5 1948 10 year 14 1948.	
7. Birth date of	and that I last saw h. Malive on Frace 14 19 18 45.	
deceased (mo., day, yr.) (Jugust 22, 1863	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Caroisione of montate 6 mos.	
82 5 22hrsmin.		
9. Birthplace Sussex Co. Milawall (Town, county, and atate)	Due to	
1D. Usual occupation.	Bue 10	
11. Industry or business JANNE CIFECU MAUSICAL SCAPO		
12. Name Jahry Culfston Winglette 13. Birtholice Sysser Co. pleanail	Dither conditions	
El Curline Burnens	(Include pregnancy within 8 months of death)	
14. Maiden name	Major findings of operations.	
E 15. Birthplace Missey Co. Milmall	Date of op.	
16. Informani Mas J. aut autou	Autopsy results	
Address 303 Julia M. Juliabula, 1179.	22, VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crepatory Wyldmus memorial limite	Where did injury occur?	
Location Salesbury Maryland	Injured at home, farm, Industry, public place (where?)	
16. Funerat director The Theel & Johnson Co.	Meane of Injury Injured at work?	
Address Sulishing Maryland	23 SIGNATURE Colony Granker 2000.	
18. (Date reg d by registrar) 19 48 1. Hagalet 1. Johnson	Address Delectory M. D. or other Address Delectory Med Bate signed 71.5, 48.	

FEB 28 1948

BUREAU V. S.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and l

WRITE

PLEASE

VS A15

RESERVED FOR BINDING

MARGIN

CERTIFICATE OF DEATH

Reg. Dist. No. 3.3.3.

1		
1. PLACE OF DEATH: Melomile	2. USUAL RESIDENCE (HOME) OF DETEASED: (For newborn introduce give residence of mother)	
City or town (If outside city or pown limits, write RURAL and give nearest town)	State County Action	
How long in above place of death?	City or tawn(if_chtside city on sown limits_write RURAL and give near	rest town)
P.S. Hogy.	(If rural, give LOCATION)	
How long In hospital or Institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME Stephen Charles	Ween 3. (b) Social Security 1	√umber
4. Sex 5. Color or 100 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. FULL 17 19.48	10150
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended decea	vary 19 48
7. Birlh date of deceased (mo., day, yr.) aug. 23 12/997	and that I last saw h. /m. alive on	18.48
8. AGE: Years Month 5 Pays If less than one daymin.	Bronchopneumonia	18 hours
9. Birthplace (Town, county, and fate)	Oue to	
10. Usual occupation	Due to	
11. Industry or business		6 -1 -1-
12. Name Phila Pa	Other conditions Acute enteritis Dehydration	5 days
	(Included new yards of Sonths of death)	18 hours
14. Maiden Jahren Langue Langu	Major findings of operations	
16. Intermedia the Many Num	Autopsy results	statistically.
11. Build Date thereof Feb. 20-48	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
(Burial, cremation, or removal. Which?) Cemeters or cremation.	Where did Injury occur?	(State)
Location	Injured at home, tarm, Industry, public place (where?)	*************************
18/ Funeral directory	injured at work?	
statute ma.	23. SIGNATURE acetters, M. L.) .
19. (Date occ d by Jegistrar) 19 4 81 Ballsul Si Phul	Address Dalesbury, Md. Oate signed.	2/18/48



FEB 29 1948

BUREAU V. S.